An analysis of unscheduled return visits to the accident and emergency department of a general public hospital

CP Ng and CH Chung

Objectives: To identify the reasons for unscheduled return visits to a public emergency department and possible strategies to reduce unscheduled return visits. Design: Cross-sectional survey. Setting: A public emergency department in Hong Kong. Patients: Unscheduled return visits within 48 hours in a three-month period from 14 January 2000 to 15 April 2000. Main outcome measures: Patients' epidemiological characteristics, reasons, complaints and outcome of the unscheduled return visits. Results: During the study period, 3.3% (1,060) of the attendance was unscheduled return visits within 48 hours as recorded in the computerized A&E Information System of the hospital. However, only 738 patients (70%) responded to the questionnaire. These 738 patients formed the study population for further analysis. Illness-related factors accounted for 87% of the total unscheduled return visits. Patient-related factors were responsible for about 10% of unscheduled return visits. Doctor-related factors accounted for about 3% of unscheduled return visits. There was only one system-related unscheduled return visit. For the outcome of return visits, about 76% (559) was discharged after the second consultation. About 5% (40) was referred to specialist clinics. Around 24% (179) of patients was admitted. Of those admitted, 78% (140) was illness-related, 13% (23) was patient-related and 9% (16) was doctor-related. Upper respiratory tract infection was the most frequent complaint (34%), followed by painful conditions (23%) and injuries (10%). For children at or below 10 years of age, upper respiratory tract infection (60%) and febrile illness (15%) were the most frequent complaints. Conclusions: The study found that the reasons for return visits were multiple. These "unscheduled return visits" should not be automatically regarded as poor indicator of service. Better patient education, organized family practice system, upgrading of professional training and targeted audit are possible means to reduce unscheduled return visits. (Hong Kong j.emerg.med. 2003;10:153-161)

Keywords: Appointments and schedules, emergency service, hospital, patient readmission, visits